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Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

- 1. a. Whether there should be additional reimbursement for date of service 03/01/01?
 - b. The request was received on 02/22/02.

II. EXHIBITS

- 1. Requestor, Exhibit 1:
 - a. TWCC-60
 - b. HCFA-1450s
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 2. Respondent, Exhibit 2:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. HCFA-1450s
 - c. Audit summaries/EOB
 - d. Reimbursement data
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 3. The Commission requested via fax additional documentation per Rule 133.307 (g)(3). The provider did not respond to that request. The findings and decision will be based on the documentation provided by the provider's initial request and the carrier's initial response.
- 4. Fax confirmation of the Commission's request for additional documentation is reflected as Exhibit #3 of the Commission's case file

III. PARTIES' POSITIONS

- 1. Requestor: no position statement submitted
- 2. Respondent: undated letter
 "THE CARRIER, IN DETERMINING WHAT CONSTITUTES A 'FAIR AND REASONABLE RATE' DID CONSIDER THE MEDICARE, PPO AND HMO PAYMENTS, AND REVIEWED THE COMMISSION'S OWN GUIDELINES FOR ACUTE CARE."

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IV. FINDINGS

- 1. Based on Commission Rule 133.307 (d)(1&2), the only date of service (DOS) eligible for review is 03/01/01.
- 2. The provider, an ambulatory surgery center, billed a total of \$2,585.06 on the DOS in dispute.
- 3. The carrier reimbursed \$1,118.00 for the DOS in dispute and their EOB has the denial "M IN TEXAS, OUTPATIENT SERVICES ARE TO BE PAID AS FAIR AND REASONABLE."
- 4. The amount in dispute is \$1,467.06, the difference between the billed amount and the amount reimbursed.

V. RATIONALE

The medical documentation indicates the services were performed at an ambulatory surgery center. Commission Rule 134.401 (a)(4) states ASCs, "shall be reimbursed at a fair and reasonable rate..."

Section 413.011 (d) of the Texas Labor Code states, "Guidelines for medical services must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fees charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. The Commission shall consider the increased security of payment afforded by this subtitle in establishing the fee guidelines."

The carrier has submitted sufficient documentation of its methodology and therefore, meets the requirements of Commission Rule 133.304 (i). The provider did not submit additional documentation as required by Commission Rule 133.307 (g)(3).

Regardless of the carrier's methodology or response, the burden remains on the provider to show that the amount of reimbursement requested is fair and reasonable. The provider has not submitted reimbursement data that meets the criteria identified in Sec. 413.011(d) of the Texas Labor Code. Therefore, based on the documentation available for review, the Requestor has not established entitlement to additional reimbursement.

The above Findings and Decision are hereby issued this <u>16th</u> day of <u>July</u> 2002.

Larry Beckham Medical Dispute Resolution Officer Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.